

Barbara Campbell
National Stage Processing
(703) 305-3531

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/462472		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1		1		1		61			
2		1		1		1	62			
3		1		1		1	63			
4		1		1		1	64			
5		1		1		1	65			
6		3		1		1	66			
7		2		1		1	67			
8		1		1		1	68			
9							69			
10		1		1		1	70			
11		1		1		1	71			
12		1		1		1	72			
13	(1)		1		1	1	73			
14							74			
15							75			
16							76			
17							77			
18							78			
19							79			
20							80			
21							81			
22							82			
23							83			
24							84			
25							85			
26							86			
27							87			
28							88			
29							89			
30							90			
31							91			
32							92			
33							93			
34							94			
35							95			
36							96			
37							97			
38							98			
39							99			
40							100			
41										
42										
43										
44										
45										
46										
47										
48										
49										
50										
TOTAL IND.			1		2		TOTAL IND.			
TOTAL DEP.			12		22		TOTAL DEP.			
TOTAL CLAIMS			13		24		TOTAL CLAIMS			